## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000038314 (6)

HEIMANN'S OF PINELLAS, INC.

## **FILED** Apr 25 1997 8:00am Secretary of State

Principal Place of Business	Mailing Address		1	988 ((187 <u>38,08 ())(0) ()3))</u>
STON PALMA DEL MAR BLVD. ST. PETERSBURG FL 33715	6104 PALMA DEL MAR BLVD. ST. PETERSBURG FL 33715-13	200		
			3. Date incorporated or Qualified 04/29/1996	3a. Date of Last Report
2. Principal Place of Business 21   Beach Drive SE		ve SE	4. FELL mober 3389 651	Applied For Not Applicable
Suite, Apt. #, etc. # 41	Suite, Apt #, etc. 27 # 41		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 St. Peters burg FL.	28 ST. teters b	ung FL.	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
21 33701 25 PINELLAG	3 29 33701 30	PINELLAS		Yes 🗌 No
9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Regis	stered Agent
HEIMANN, REINER		81 Name		
6104 PALMA DEL MAR BLVD. ST. PETERSBURG FL 33715		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	)
SI. PEIEROBURG PL 337 IS		83		
. · .		84 City		■■ B5 Zip Code
<u></u>				<b>:FL</b>
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State	02 and 607.1508, Florida Statutes, of Florida, Such change was aut	the above-named corporation	pration submits this statement for the pur on's board of directors. I hereby accept t	pose of changing its registered the appointment as registered
office or registered agent, or both, in the State agent. I am familiar with and accept the oblig	ations of, Socion 607.0505, Florid	la Statutes.	Tand	0.97
SIGNATURE Signature, typed or printed name of registered ag		egistered Agent signature required		DATE
	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
TITLE President	☐ DELETE	1.1 TITLE		Change Addition
NAME Deiver Heimann	ź.,	1.2 NAME		
STREET ADDRESS Beach Drive SE #	37 JFL 33701	1.3 STREET ADDRESS		
Title St. Pete	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	<b>V</b> –	2.2 NAME		-
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY - ST - ZIP		
TITLE	DETELE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS CITY-ST-ZIP		3.3 STREET ADDRESS 3.4 CITY+ST-ZIP		
TILE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
City-St-ZiP		4.4 CITY - ST - ZIP		
TITLE	☐ DELETE	5.1 TALE		Change Addition
NAME CYPICT ADDRESS		5.2 NAME		
STREET ADDRESS OITY-ST-ZIP		5.3 STREET ADDRESS 5.4 CHY-ST-ZIP		
TITLE	DELETE	61 11TLE		Change Addition
NAME		62 NAME		
STREET ANNOFOS		224900A 144912 8 A		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or din an attachment with report as a required by Chapter 607, Florida Statutes, and that my name